

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5					56						
7		5					57						
8		5					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		5					63						
14		1					64						
15		1					65						
16		1					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25		1					75					20	
26							76					18	
27							77					38	
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	38						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						

Best Available Copy